

BEST AVAILABLE COP

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

					•					
· ·			AS FILED - (Column 1)	S FILED - PART I Column 1) (Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
FC	OR .	NUM	BER FILED	NUMBER	EXTRA	RATE	FEE]	RATE	, FEE
BA	SIC FEE	· ·			luge.		380.00	OR		760.00
Ľ	TAL CLAIMS		60 minus 2	20= * 40		X\$ 9=		OR	X\$18=	200
IND	DEPENDENT CL	AIMS	5 minus 3 = * 2			X39=		OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT						+130=			+260=	
* If	the difference	in column 1	is less than ze	ero, enter "0" in	column 2	TOTAL		OR	TOTAL	1121
• •		•	AMENDED	•		TOTAL		OR	OTHER	THAN
	· · · · · · · · · · · · · · ·	(Column 1		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	\$ 7 5 a	CLAIMS REMAINING AFTER AMENDMEN	Г	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	* ¹	Minus .	**	=	X\$ 9=	. •	OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
-	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1	·	(Column 2)	(Column 3)		•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	INTATION OF	MULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	(Column 2)	(Column 3)		,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=	· · · · · ·	OR	X78=	
_	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM		+130=				
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
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This Form for INTERNAL PTO ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

		1
APPLICATION NUMBER:	CA	1

Total Fee Calculation										
	Fee Code	Total #.Claims	Number Extra	x	Fcc	Fee	-	Total		
	Sm./Lg.				Sm. Entity	Lg. Entity		$O(\Lambda)$		
Baste Filing Fee	201/101	<u> </u>	r 16.				3	160		
Total Claims >20	203/103	20 =	40	х		18	3.	120		
Independent Claims >3	202/102	., ., .	2	х		2 8_	3 .	-156		
Mult. Dep Claim Present	204/104					-	3 /			
Surcharge	205/105						(130/6		
English Translation	139							<u> </u>		
TOTAL FEE CALCULA	ATION	`						176 k		
Fees due upon filing t	he application.							-		
Total Filing Fees Due	= \$	1760				,				
Less Filing Fees Subn	nined - \$	17//) .				
BALANCE DUE, Office of Initial Palent	= \$	1/66		_						
	-nagimenon					••				

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)